

NAME AND ADDRESS please print or type	First Name BILLIE	Initial R	Last Name SCHOFIELD	Your Social Security Number _____
	Spouse's First Name	Initial	Last Name	Spouse's Social Security Number
	Present Home Address (Number and street, including apartment number or rural route) _____			Daytime Telephone Number _____
	City, Town or Post Office _____	State RI	Zip Code _____	City or Town of Legal Residence TIVERTON

ELECTORAL CONTRIBUTION If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.) Yes No

If you wish the 1st \$2.00 (\$4.00 if a joint return) to be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account. _____

FILING STATUS Check only one box

1 **Single** 2 **Married filing jointly** 3 **Married filing separately** 4 **Head of Household** 5 **Qualifying widow(er)**

Standard Deduction for: People who checked any box on 2A, see page 2, line 32 for deduction amount. if you can be claimed as a dependent see page I-4 of instructions. All others: Single \$5,450 Married filing jointly or Qualifying widow(er) \$9,100 Married filing separately \$4,550 Head of household \$8,000	1. Federal AGI (Adjusted Gross Income) - Federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4.....	1.	0 - -
	2. Deductions - RI standard deduction (left margin) or amount from Federal Schedule A, line 29, whichever is greater. If you itemize and line 1 is over \$159,950 (\$79,975 if married filing separately) see page I-3 of instructions	2.	\$5,450.00
	2A. Check if: <input type="checkbox"/> YOU were 65 or older, (born before 01/02/1944), <input type="checkbox"/> YOU are Blind, <input type="checkbox"/> SPOUSE was 65 or older, (born before 01/02/1944), <input type="checkbox"/> SPOUSE is Blind (if you checked any box above, see page 2, line 32 for deduction amount.) } Total boxes checked <input type="checkbox"/>		
	3. Subtract line 2 from line 1.....	3.	0 - -
	4. Exemptions - Enter federal exemptions in box then multiply by \$3,500 and enter result in 4. If line 1 is over \$119,975, see the worksheet on page I-3 for exemption amount <input type="checkbox"/> X \$3,500 =	4.	\$3,500.00
	5. RI Taxable Income - subtract line 4 from line 3.....	5.	0 - -
	6. RI INCOME TAX - Use RI Tax Table or Tax Computation Worksheet to figure the tax on amount on line 5.....	6.	0 - -
	7. RI use/sales tax (see page I-4 of instructions).....	7.	0 - -
	8. RI checkoff contributions from page 2, line 31 (contributions reduce your refund or increase your balance due).....	8.	0 - -
	9. TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS - add lines 6, 7 and 8.....	9.	0 - -
	10. A. RI 2008 income tax withheld (please attach forms W-2, 1099, etc.).....	10A.	\$ 434.74
	B. 2008 estimated tax payments and amount applied from 2007 return.....	10B.	0 - -
	C. Property tax relief credit from RI-1040H, line 15 or 22 (attach form RI-1040H).....	10C.	0 - -
	D. RI earned income credit from page 2, RI Schedule EIC, line 23.....	10D.	0 - -
E. Other payments.....	10E.	0 - -	
F. TOTAL PAYMENTS AND CREDITS - add lines 10A, 10B, 10C, 10D and 10E.....	10F.	\$ 434.74	
11. If line 9 is LARGER than 10F, subtract line 10F from 9. YOU OWE THIS AMOUNT. COMPLETE RI-1040V.... ☹	11.	0 - -	
12. If line 10F is LARGER than 9, subtract line 9 from 10F. THIS IS THE AMOUNT YOU OVERPAID..... ☺	12.	\$ 434.74	
13. Amount of overpayment to be refunded.....	13.	\$ 434.74	
14. Amount of overpayment to be applied to 2009 estimated tax.....	14.	0 - -	

ATTACH FORMS W-2 AND 1099 HERE

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct and complete.

Your Signature \rightarrow *B. Schofield* Date *9-17-09* Spouse's Signature \rightarrow _____ Date _____

If you do not need forms mailed to you next year, check box. May the division contact your preparer about this return? Yes

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

1 Type or print your first name and middle initial.

311111

Last name

Schoffeld

2 Social security number (SSN)

[REDACTED]

3 Address

[REDACTED], RI [REDACTED]

4 Enter year in space provided and check one box. For the tax year ending December 31, 2008,
I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code

Neptune Trading Group, Ltd, 198 Broadway, Newport, RI 02840

6 Employer's or payer's identification number (if known)

[REDACTED]

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	<u>0.00</u>	g State income tax withheld	<u>273.53</u>
b Social security wages	<u>0.00</u>	(Name of state)	<u>RI</u>
c Medicare wages and tips	<u>0.00</u>	h Local income tax withheld	
d Advance EIC payment	<u>0.00</u>	(Name of locality)	
e Social security tips	<u>0.00</u>	i Social security tax withheld	
f Federal income tax withheld	<u>719.47</u>	j Medicare tax withheld	<u>RIDD 189.51</u>

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution		f Federal income tax withheld	
b Taxable amount		g State income tax withheld	
c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld	
d Total distribution	<input type="checkbox"/>	i Employee contributions	
e Capital gain (included in 8b)		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?

I rebut all presumptions and positions taken by the Payer.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

Sign Here

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ▶



Date ▶

9-17-09

STATE OF RHODE ISLAND - DIVISION OF TAXATION
TAX REFUND STATEMENT

SCHOFIELD BILLIE R

RI

Check No.: 3243591
Taxpayer ID:
DBD: 09152009 6535
Julian Date: 2010056
Year End: 12-31-2008
Refund: 452.36

This statement is not the result of an audit of your return. If your return should be selected for audit, you will receive a separate notice.

REFUND AMOUNT CLAIMED ON YOUR RETURN HAS BEEN CHANGED.
\$17.62 INTEREST ADDED TO REFUND.

THE FACE OF THIS CHECK IS PRINTED BLUE ON A RED BACKGROUND - THE BACK CONTAINS A SIMULATED WATERMARK

Citizens Bank 57-12
Providence, RI 115



Frank T. Caprio, General Treasurer
State of Rhode Island and Providence Plantations
State House
Providence, Rhode Island 02903

NOT VALID AFTER 90 DAYS

No. TR-3243591

APPROPRIATION ACCT	VOLCHER NO	MO.	DAY	YEAR	TAXPAYER ID
4824-11125	180043	03	02	2010	

***452DOLLARS AND 36CENTS \$452.36

Refund Amount 452.36

PAY
TO THE
ORDER OF

SCHOFIELD BILLIE R

DO NOT REMOVE WHITE STRIP BELOW

Frank Caprio
GENERAL TREASURER
A. L.
STATE CONTROLLER

* 3 2 4 3 5 9 1 * 0 0 1 1 5 0 0 1 2 0 1 0 0 1 1 0 7 6 4 8 8 *